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APPLICANTS

Robert E. Arbogast, Mount Sterling, OH;
 Michael Edward Hopkins, London, OH;
 James M. Colvin, Hilliard, OH;
 Mark William Ford, Jamestown, OH;
 Phillip Lee Harrison, Columbus, OH;
 Raymond Francis, Chesapeake, VA;
 Keith W. Justus, Columbus, OH;
 Rebecca L. Halley, Plain City, OH;
 Bradley A. Spitzer, Worthington, OH;
 Thomas D. Chamberlain, Columbus, OH;
 Eric L. Kershner, Grandview Heights, OH;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ****

08/16/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and	/DILEK B COBANOGLU/ _____ Examiner's Signature	Initials	OH	19	85	8
Acknowledged						

ADDRESS

STANLEY LAW GROUP LLP
 6300 Riverside Drive
 Dublin, OH 43017
 UNITED STATES

TITLE

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR CONFIGURING AND PURCHASING
 A MEDICAL DEVICE

FILING FEE RECEIVED 1505	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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